



**COMMUNITY FORESTRY PROGRAM  
COMMUNITY STEWARDSHIP INCENTIVE PROGRAM (CSIP)  
GRANT PROPOSAL APPLICATION**

**PROJECT INFORMATION**

Applicant (Check One):

- ☐ Municipality, Name \_\_\_\_\_  
☐ County, Name \_\_\_\_\_  
☐ Other Local Government Agency/Authority, Name \_\_\_\_\_

Application  
Date:

Project Name: \_\_\_\_\_

Estimated  
Start Date:

Project Location:  
(Municipality, County)

Grant Category (Check one): ☐ Resiliency Planning ☐ Hazard Mitigation ☐ Reforestation/Tree Planting

CSIP practice(s) addressed in the proposal (check all that apply):

CSIP # 1 Training  
CSIP # 2 Community Forestry Ordinance Establishment  
CSIP # 3 Public Education & Awareness  
CSIP # 4 Arbor Day  
CSIP # 5 Tree Inventory  
CSIP # 6 Hazard Tree Assessment  
CSIP # 7 Storm Damage Assessment  
CSIP # 8 Tree Maintenance and Removals

CSIP # 9 Insect and Disease Management  
CSIP # 10 Wildfire Protection  
CSIP # 11 Tree Planting  
CSIP # 12 Tree Recycling  
CSIP # 13 Sidewalk Maintenance Program  
CSIP # 14 Storm Water Management  
CSIP # 15 Other

Project Street Address:

(Indicate block ranges if necessary, eg. 500-600 Block of Main Street)

Number of  
trees to be  
planted:

Block(s):

Lot(s):

(if applicable)

Project Manager:

Title:

Organization:

Phone:

E-mail:

Grant Request:\$

Leverage:\$  
In-Kind\$ Cash\$  
(No match is required, but more points are earned for  
leveraged projects)

Project Total: \$  
(Grant Request +Leverage=Project  
Total)

**APPLICANT INFORMATION**

Does the applicant have "Approved" status? ☐ Yes ☐ No

To determine "Approved" status answer the following questions:

1. Is the applicant compliant with the Shade Tree & Community Forestry Assistance Act (N.J.S.A. 13:1L - 17.1et. seq.)? ☐ Yes ☐ No

To be compliant, the applicant must answer yes to the following three (3) questions (NOTE: Applicants in the initial year of CFMP implementation may answer no to "c" below if the number of years in "a" is one (1):

<p>a. Does the applicant have an approved Community Forestry Management Plan: <input type="checkbox"/> Yes, Expiration Date _____, Total # of Years with an approved plan <input type="checkbox"/> No</p>	<p>b. Is one local government employee and one community volunteer CORE trained: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>c. Did the applicant have eight (8) continuing education units (CEU's) between two people in the 2015 calendar year: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Did the applicant submit an Annual Accomplishment Report for the 2015 calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Does the applicant have a community tree inventory in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Is the applicant a Tree City USA? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for how many years has the applicant been a Tree City USA? _____</p>		
<p>Is the applicant an impacted community under the No Net Loss Reforestation program? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to the Request for Proposals for a complete list of NNL Impacted communities)</p>		
<p>Is the applicant a New Jersey Redevelopment Authority (NJRA) eligible municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No (A list of NJRA eligible municipalities is available at <a href="http://www.njra.us/members/">http://www.njra.us/members/</a>)</p>		
<p>Is the applicant Sustainable Jersey Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input type="checkbox"/> Accrual <input type="checkbox"/> Other</p>		<p>Date of Fiscal Year: _____ from _____ to _____</p>
<p>State Vendor ID Number: _____</p>		
<p>Authorized Official: _____ Title: _____ (Local government official authorized to sign this application and the grant agreement on behalf of the applicant, eg. Mayor, Business Administrator. This person must be identified by name as the authorized official in the Governing Body Resolution)</p>		
<p>Resolution Certifier: _____ Title: _____ (Person that will sign to certify that the Governing Body Resolution was passed, eg. Municipal/County Freeholder clerk. This person <u>cannot</u> be the same as the authorized official named in the resolution)</p>		
<p>Clerk: _____ (Municipal, County Freeholder, other. This is the person responsible for grant contract documents)</p>		
<p>Phone: _____</p>		<p>E-mail: _____</p>
<p>Address: _____ (Must be where contracts are to be delivered)</p>		<p>City: _____ State: _____ ZIP: _____</p>
<p>Chief Financial Officer: _____</p>		
<p>Phone: _____</p>		<p>E-mail: _____</p>
<p>Address: _____ (Must be where checks are to be delivered)</p>		<p>City: _____ State: _____ ZIP: _____</p>
<p><b>As the authorized official representative of the above named applicant (local government) named in the attached Governing Body Resolution, I hereby certify that the information provided within this State Forestry Service Community Stewardship Incentive Program grant proposal application and this application form is complete and true.</b></p>		
<p>_____ Signature Authorized Official Representative</p>	<p>_____ Printed Name &amp; Title of the Authorized Official Representative</p>	<p>_____ Date</p>

## PROJECT OVERVIEW

Provide a comprehensive but succinct overview of the proposed project that includes basic details of who is doing what, where, and why. Projects should effectively work toward the stated goals of the Community Forestry Management Plan (CFMP) by carrying out specific objectives identified in the CFMP and in accordance with the grant categories defined in the Request for Proposals. Address the project's suitability as the most appropriate method to accomplish this through the use of CSIP Practices identified in the CFMP.

## **1. COMMUNITY FORESTRY MANAGEMENT PLAN (CFMP) IMPLEMENTATION (35 points)**

Identify the grant category for this project as defined in the Request for Proposals and describe how the project addresses one or more of the CSIP practices identified in the Community Forestry Management Plan. Explain how this work supports the goals, objectives, and statement of plan implementation defined in the CFMP, and how it benefits your community.

## **2. WORKPLAN (25 points)**

Describe how this project will be carried out. Describe the project location, the methods to be employed and the personnel and/or partners who will accomplish the work. A project timeline consistent with the Request for Proposals and clearly indicating significant milestones must be included as a diagram or narrative. For tree planting projects, a maintenance plan for two years after the date of planting completion must be included as part of the workplan.

### 3. COMMUNITY CAPACITY (20 points)

Describe the local government's unique strengths and past demonstrated commitment to managing the community forest resource.

#### 4. MONITORING AND EVALUATION (10 points)

Identify measurable outcomes applicable to each CSIP practice that applies under each CFMP goal or objective addressed through this project.

CFMP Goal or Objective	CSIP Practice	Outcome (# of units expected)
<i><b>Example:</b> Conduct an inventory to understand the present state of the Community Forest resource to prioritize maintenance activities, identify planting locations, and locate ash trees.</i>	<i>Tree inventory</i>	<i>1 complete inventory of all the community trees; OR 1 sample inventory; OR 1 partial inventory of the central business district</i>
	<i>Public education and awareness</i>	<i>1 press release</i>
	<i>Insect and disease management</i>	<i>1 ash mitigation plan prepared</i>
<i><b>Example:</b> Mitigate the amount of stormwater runoff entering the combined sewer system.</i>	<i>Tree planting</i>	<i># trees planted</i>
	<i>Storm water mitigation</i>	<i># of feet per year of stormwater intercepted</i>

#### MONITORING AND EVALUATION EXPLANATION

Provide a brief description of the project's monitoring and evaluation plan.

## 5. BUDGET AND PROJECT LEVERAGE (10 points)

### Budget Form

	GRANT CSIP Request	LEVERAGE <sup>1</sup>						Total Project Cost (TPC) (TPC = CSIP Request + Leverage)
		Federal	State (Not CSIP)	Local Govern- ment	Private Foundations or Non- profits	Volunteers	Other	
Grantee Employee Salary/Wages								
Fringe Benefits								
Consultants and Subcontractors								
Other (specify below)								
•								
•								
•								
•								
•								
TOTAL								

### Explanation of Budget and Project Leverage

Describe how the project will maximize funding by using it to leverage contributions as explained in the Request for Proposals.

<sup>1</sup> There is no match required for this grant, but leverage will be used as a criterion for proposal selection. See the Request for Proposals for more information.



## **ATTACHMENTS**

Details on the required attachments are provided in the RFP.

**Governing Body Resolution** (provided below) - three (3) signed and sealed originals of the governing body resolution must be submitted with the proposal. If submitting the grant proposal application electronically, the three (3) signed and sealed originals .

**Resumes and consultant qualifications**

**Letters of Support**

**Proof of Certification** - Tree City USA, Sustainable Jersey

**GRANT AGREEMENT**

**BETWEEN**

\_\_\_\_\_  
(Name of Grantee)

**AND**

**THE STATE OF NEW JERSEY**

**BY AND FOR**

**THE DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**GRANT IDENTIFIER:**

**GOVERNING BODY RESOLUTION**

The governing body of \_\_\_\_\_  
(print Grantee's name)

desires to further the public interest by obtaining a grant from the State of New Jersey in the amount of approximately \$  
\_\_\_\_\_ to fund the following project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Therefore, the governing body resolves that \_\_\_\_\_ or the successor to the office of  
(print name)

\_\_\_\_\_ is authorized (a) to make application for such a grant, (b) if awarded, to execute  
(print title of authorized official)

a grant agreement with the State for a grant in an amount not less than \_\_\_\_\_ and not more than  
\_\_\_\_\_, and (c) to execute any amendments thereto any amendments thereto which do not increase the  
Grantee's obligations.

\*The \_\_\_\_\_ authorizes and hereby agrees to  
(print name of Grantee's governing body, e.g., board of chosen freeholders)

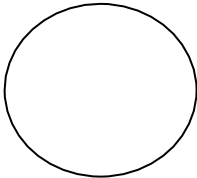
match \_\_\_\_\_% of the Total Project Amount, in compliance with the match requirements of the agreement. The availability of the  
match for such purposes, whether cash, services, or property, is hereby certified. \_\_\_\_\_% of the match will be made up of in-kind  
services (if allowed by grant program requirements and the agreement).\*

The Grantee agrees to comply with all applicable federal, State, and municipal laws, rules, and regulations in its performance pursuant  
to the agreement.

Introduced and passed \_\_\_\_\_.

Ayes: \_\_\_\_\_  
Noes: \_\_\_\_\_ Absent: \_\_\_\_\_

Seal



\*The portion of this form between the asterisks should only be completed if matching funds are required under the terms of the agreement. Where in-kind  
services are allowed and are stipulated by the Grantee, an attachment must be provided and appended hereto, breaking out the in-kind services to be provided  
by the Grantee.

## CERTIFICATION\*

I, \_\_\_\_\_,      municipal clerk      county clerk      utilities Authority Clerk  
                        (print name)

(other, specify) \_\_\_\_\_ of \_\_\_\_\_  
(print Grantee's name)

certify that this resolution was duly adopted by \_\_\_\_\_ at a  
(print name of Grantee's governing body)

meeting duly held on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_; that this resolution has not been amended or repealed; and that it remains in full force and effect on the date I have subscribed my signature. \*\*

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(signature) \*

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(print name)

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(print title)

Date: \*\*

- \* Certification must be signed by an official other than the individual authorized to execute the agreement.

- \*\*** This date must be no more than sixty (60) days prior to the Grantee's execution of the agreement. If the original certification expires prior to the Grantee's execution, Grantee must submit a currently certified copy of this Attachment E when it returns the executed agreement to the Department.